



Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/649,857-Conf. #7386
		Filing Date	August 28, 2003
		First Named Inventor	Craig A. Rosen
		Examiner Name	P. M. Mertz
		Art Unit	1646
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	PZ005P1C3	
TOTAL AMOUNT OF PAYMENT		(\$)	0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 21 - **Extra Claims** 24 = **Fee (\$)** x = **Fee Paid (\$)** _____

Multiple Dependent Claims
Fee (\$) _____ **Fee Paid (\$)** _____

Indep. Claims 3 - **Extra Claims** 4 = **Fee (\$)** x = **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ - 100 = **Extra Sheets** _____ / 50 **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	47,088
Name (Print/Type)	Doyle A. Siever	Telephone	(301) 354-3932
		Date	August 19, 2005

IFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rosen et al

Docket No.: PZ005P1C3

Application No.: 10/649,857; Conf. No. 7386

Group Art Unit: 1646

Filed: August 28, 2003

Examiner: P.M. Mertz

For: **20 Human Secreted Proteins**

ELECTION AND AMENDMENT UNDER 37 C.F.R. § 1.115

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 19, 2005 (Paper No. 7142005), please consider the following amendments and election. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet; (b) an Information Disclosure Statement with Form PTO/SB/08 citing references AA-AB and (c) copies of references AA and AB.

Amendments to the claims begin on page 2.

Remarks begin on page 5.